

Client Identification Face Sheet (v2.1)

Instructions: This information must be collected one time per client. Generally this takes place at intake. However, this information is also required for clients currently in the system. **NOTE:** Completing the link date is critical. Please ensure that the **same link date** is entered in the appropriate spaces on this sheet, the Supplemental Client Information Face Sheet, BASIS-32 and whichever Quality of Life instrument that your county is using. This link date is used to assist in the linking of forms.

Client ID Number

	0	1	2	3	4	5	6	7	8	9	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
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Link Date (mm-dd-yyyy)

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County

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First Initial
Last Initial

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Ethnicity

- | | |
|--|--|
| <input type="radio"/> White | <input type="radio"/> Korean |
| <input type="radio"/> Hispanic | <input type="radio"/> Samoan |
| <input type="radio"/> African American | <input type="radio"/> Asian Indian |
| <input type="radio"/> Native American | <input type="radio"/> Hawaiian Native |
| <input type="radio"/> Filipino | <input type="radio"/> Guamanian |
| <input type="radio"/> Amerasian | <input type="radio"/> Laotian |
| <input type="radio"/> Chinese | <input type="radio"/> Vietnamese |
| <input type="radio"/> Cambodian | <input type="radio"/> Other Asian or Pac. Islander |
| <input type="radio"/> Japanese | <input type="radio"/> Other |
| | <input type="radio"/> Unknown or Not Reported |

Gender

- ☐ Male
☐ Female
☐ Other
☐ Unknown

Date of Birth (mm-dd-yyyy)

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Does the client understand:

- Spoken English? ☐ Yes ☐ No
 Written English? ☐ Yes ☐ No

Principal Mental Health Diagnosis

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Intake Date (mm-dd-yyyy)

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This information is required for the Adult Performance Outcome System Client Identification Table. If your county currently collects this information, with the approval of your county's administration, this sheet does not need to be completed. However, all of this information must be reported to the State Department of Mental Health in the format specified by the Adult Performance Outcome Data Dictionary.

Supplemental Client Information Face Sheet (v2.1)

20233

Instructions: This information must be collected at intake, annually and at discharge. **NOTE:** Completing the link date is critical. Please ensure that the **same link date** is entered in the appropriate spaces on this sheet, the Client Identification Face Sheet, BASIS-32 and whichever Quality of Life Instrument your county is using. This link date is used to assist in the linking of forms.

Client ID Number

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Link Date (mm-dd-yyyy)

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County

	0	1	2	3	4	5	6	7	8	9
<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Current GAF Score

	0	1	2	3	4	5	6	7	8	9
<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Current Employment Status (Select Only One)

In Paid Job Market

- ☐ Competitive Job Market: Full Time (35 hours or More a Week)
- ☐ Competitive Job Market: Part Time (Less Than 35 Hours Per Week)
- ☐ Non-Competitive Job Market: Full Time (35 Hours or More a Week)
- ☐ Non-Competitive Job Market: Part Time (Less Than 35 Hours Per Week)

Not In Paid Job Market

- ☐ Actively Looking For Work
- ☐ Homemaker
- ☐ Student
- ☐ Volunteer Worker
- ☐ Retired
- ☐ Resident/Inmate of Institution
- ☐ Other
- ☐ Unknown/Not Reported

Current Living Arrangement (Select Only One)

- | | |
|---|--|
| <input type="radio"/> House or apartment (including, trailers, hotels, dorms, barracks, etc.) | <input type="radio"/> Supported Housing |
| <input type="radio"/> House or apartment and requiring some support with ADLs | <input type="radio"/> Board and Care |
| <input type="radio"/> House or apartment and requiring daily support and supervision | <input type="radio"/> State Hospital |
| <input type="radio"/> Adult Residential Facility (e.g., Social, Crisis, Transitional, Drug and Alcohol) | <input type="radio"/> Foster Family Home |
| <input type="radio"/> Mental Health Rehabilitation Center (24 Hour) | <input type="radio"/> Group Home |
| <input type="radio"/> Skilled Nursing/Intermediate Care Facility, IMD | <input type="radio"/> Homeless, no residence |
| <input type="radio"/> Inpatient Psychiatric Hospital, PHF, or Veterans Affairs Hospital | <input type="radio"/> Other |
| <input type="radio"/> Justice Related (e.g., Jail, Prison, CYA Home, etc.) | <input type="radio"/> Unknown |
| <input type="radio"/> Residential Treatment Center | |
| <input type="radio"/> Community Treatment Facility | |

Complete the Following Only at Discharge

Type of Discharge:

- ☐ Self-discharge
- ☐ Formal Discharge (AMA)
- ☐ Formal Discharge (Completed Program)
- ☐ Other

This information is required for the Adult Performance Outcome System Client Supplemental Table. This information is required until the statewide Client Services Information (CSI) System is fully operational and stable. Additionally, counties that are not up-to-date on their CSI reporting will need to provide this information in addition to their CSI data. These data must be reported in the format specified by the Adult Performance Outcome Data Dictionary.